

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☒ This is an **initial*** Statement of Organization
- ☐ This is an **amended*** Statement of Organization

Reset Form

*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM**DR-1**(Rev.
01/2003)STATEMENT
OF
ORGANIZATION**For Office Use Only**

Comm. # _____

Indexed _____

Audited _____

Computer _____

COMMITTEE NAME

SPOT (Stop Pushing Option Taxes) (Note: Have not crossed financial threshold, but using Paid for by: Disclaimer)

6

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER

Name
Burton L. Martin

Mailing Address
1115 Staub Court NE

City, State Zip Code
Cedar Rapids, IA 52402-4026

Phone (319) 364-7034

e-Mail cbmartincrg@MSN.com

COMMITTEE CHAIR

Name
Carol J. Martin

Mailing Address
1115 Staub Court NE

City, State Zip Code
Cedar Rapids, IA 52402-4026

Phone (319) 364-7034

e-Mail cbmartincrg@MSN.com

INDICATE PURPOSE OF COMMITTEE - Check One Box

☐ Advocate for/against candidate(s) ☒ Advocate for/against ballot issue(s)

Comment or description: Oppose Local Option Taxes

All Candidates Enter:

Office Sought: _____ District: _____

Political Party (if applicable) _____ Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter: _____ Date of Election: _____

County: LINN**Bank Account Name**

SPOT

Name of Financial Institution/type of Account
Collins Employees Credit Union (checking)

Mailing Address
PO Box 10706

City State Zip
Cedar Rapids IA 52410-0706

**Candidate name & Address or Parent Entity (PACs, if applicable),
Affiliate, or Sponsor**

Mailing Address

City State Zip

Phone ()

e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTIONIndicate disposition of funds by marking appropriate number in box: ☒

(Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) _____

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE
(CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Date Signed

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed

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Reset Form

FORM
DR-1
 (Rev.
 07/2003)

STATEMENT
OF
ORGANIZATION
For Office Use Only
 Comm. # _____
 Indexed _____
 Audited _____
 Computer _____

 IA ETR-103500-000000
 DISCLOSURE BOARD
COMMITTEE NAME ↓ ↓

SPOT (STOP PUSHING OPTION TAXES)

JAN 7 2004

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

6 FILED

COMMITTEE TREASURER (mandatory for all committees)

Name ↓ ↓

BURTON L. MARTIN

Mailing Address ↓ ↓

1115 STAUB CT NE

City, State ↓ ↓ Zip Code ↓ ↓

CEDAR RAPIDS, IA 52402-4026

Phone (319) 364-7034

e-Mail cbmartincrg@MSN.COM

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓ ↓

CAROL J. MARTIN

Mailing Address ↓ ↓

1115 STAUB CT NE

City, State ↓ ↓ Zip Code ↓ ↓

CEDAR RAPIDS, IA 52402-4026

Phone (319) 364-7034

e-Mail cbmartincrg@MSN.COM

INDICATE PURPOSE OF COMMITTEE - Check One Box
☐ Advocate for/against candidate(s)
 ☐ Advocate for/against ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: _____

District: _____

Political Party (if applicable) _____

Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: _____

Date of Election: _____

Bank Account Name ↓ ↓

SPOT

Name of Financial Institution/type of Account ↓ ↓

COLLINS EMPLOYEES CREDIT UNION

CHECKING

Mailing Address ↓ ↓

1115 STAUB CT NE

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

CEDAR RAPIDS, IA 52402-4026

Candidate name & Address or Parent Entity (PACs, if applicable),
Affiliate, or Sponsor

Mailing Address ↓ ↓

City ↓ ↓

State ↓ ↓

Zip ↓ ↓

Phone () _____

e-Mail _____

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
5. A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351—4.25.
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

Burton L. Martin

Signature of Treasurer

01-06-04

Date Signed

01-06-04

Date Signed

Signature of Candidate, OR, for all other committees, Chairperson